

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69635
830

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH:

County..... Frederick

City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 42 years

Hospital, institution, or street address where death occurred:

316 East Third Street

How long in hospital or institution?.....

3. (a) FULL NAME

JUSTUS BYARD ATKINSON

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Annie VanFossen Atkinson

6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.)

September 7, 1864

8. AGE:

Years

Months

Days

If less than one day

83

1

6

hrs. min.

9. Birthplace

Cecil County, Maryland

(Town, county, and state)

10. Usual occupation

Retired Railroad Engineer

11. Industry or business

MOTHER FATHER

Rawlins Atkinson

Cecil County, Maryland

Lucy C. Harrison

Cecil County, Maryland

16. Informant

Mrs. Justus B. Atkinson

Address

Frederick, Maryland

17. Burial

(Burial, cremation, or removal, where)

Date thereof October 15, 1947

(month) (day) (year)

Mount Olivet Cemetery

Frederick, Maryland

18. Funeral director

C. E. Cline & Son

Address

Frederick, Maryland

19. Date rec'd by registrar

13 Oct

1947

Elizabeth S. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Frederick

City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 316

East Third Street

(If rural, give LOCATION)

None

2.(a) Is veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 13th 1947

at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 8, 1947, to Oct. 13, 1947

and that I last saw him alive on Oct. 13, 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

6 days

Due to

Arteriosclerosis

Other conditions

Previous attack 8 yrs.
ago with hemiplegia

(Include pregnancy within 3 months of death)

Major findings or operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

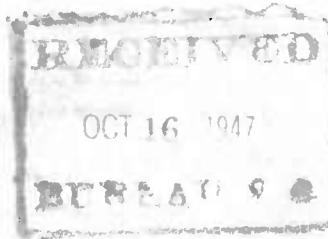
Injured at work?

23. SIGNATURE

A. D. Ossar, M.D.
Frederick, Md. Date signed 10/13/47

Address

M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69036

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick

City or town... Frederick

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? Since October 24, 1947

3. (a) FULL NAME

LINDA LEE BAKER

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

S

6. (b) Name of husband or wife.....

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

July 3, 1947

8. AGE: Years

Months

Days

If less than one day

3

22

hrs.

min.

9. Birthplace..... Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation..... Infant

11. Industry or business.....

MOTHER FATHER Harry R. Baker

13. Birthplace..... Frederick County Maryland

14. Maiden name..... Viola Staley

15. Birthplace..... Frederick County Maryland

16. Informant..... Harry R. Baker

Address..... 306-A E. 3rd St., Frederick, Md.

17. Burial.....

Date thereof..... 10/27/47

(Burial, cremation, or removal, where?)

(month) (day) (year)

Cemetery or crematory..... Mount Olivet Cemetery

Location..... Frederick, Maryland

18. Funeral director..... M. R. Etchison and Son

Address..... Frederick, Maryland

19. Date rec'd by registrar..... Oct 27, 1947

(Date rec'd by registrar)

Elizabeth L. Tech

Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

MARGIN RESERVED FOR BINDING

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Frederick

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 306-A East Third Street

(If rural, give LOCATION)

2.(a) If veteran, name war..... None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 25, 1947, at 3:10 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Oct 24, 1947, to Oct 25, 1947, and that I last saw h..... alive on Oct 24, 1947.

Immediate cause of death.....

Aspiration Pneumonia 2 Day

DURATION

Due to.....

Due to.....

Other conditions.....

Hemoptysis

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE.....

M. D. or other

Address..... Frederick, Maryland Date signed 10-25-47

VS A15
9-25-15

T



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69637

CERTIFICATE OF DEATH

131

Reg. Dist. No.

93d

1. PLACE OF DEATH:

Frederick

County

Frederick-Rural R. F. D. #3

City or town

(If outside city or town limits, write RURAL and give nearest town)

60 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

Near Yellow Springs

How long in hospital or institution?

3. (a) FULL NAME

GEORGIANA AMERICA BARTGIS

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

W

6. (b) Name of husband or wife

Melvin Mathias E. Bartgis

7. Birth date of deceased (mo., day, yr.)

August 7, 1860

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Highland-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

George Green

MOTHER FATHER

Frederick County Maryland

12. Name

Mary Ann Smith

MOTHER FATHER

Frederick County Maryland

13. Birthplace

Mary Ann Smith

14. Maiden name

Frederick County Maryland

15. Birthplace

Frederick County Maryland

16. Informant

Mrs. Mary Burras

Address

Motter Ave., Frederick, Md.

17. Burial

Date thereof 10/20/47

(Burial, exhumation, or removal, which?)

(month) (day) (year)

Cemetery or crematory

Pleasant Hill Cemetery

Location

Near Yellow Springs, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 18 Oct
(Date rec'd by registrar)

19. 47

Elizabeth G. Tech.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick-Rural R. F. D. #3

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Yellow Springs

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH October 16, 1947 at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 12th 1947 to Oct 16th 1947and that I last saw h. alive on Oct 16th 1947

Immediate cause of death

Cordic. Sorey

DURATION

16

Due to Myocarditis

Drops?

5 days

5 days

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

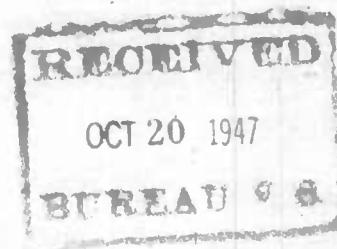
23. SIGNATURE

Frank H. Tech M. D.

M. D. or other

Address Frederick, Maryland

Date signed 10-17-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

69038

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County.....

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

76 years

Hospital, Institution, or street address where death occurred:

Gratobby Nursing Home
8 Months

How long in hospital or institution?.....

3. (a) FULL NAME

Laura Fritz Bayer

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white widowed

8. (b) Name of husband or wife

Sevin Bayer

6. (c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

April 18 - 1855

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace.....

Carroll Co. Maryland

(Town, county, and state)

10. Usual occupation.....

House wife

11. Industry or business

12. Name.....

Mathias Fritz

13. Birthplace

Carroll Co. Md

14. Maiden name.....

Julia Ann Zeppe

15. Birthplace

Carroll Co. Md.

16. Informant.....

Mrs. Seva Lewis

Address

Frederick, Md

17. Burial

Date thereof.....

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory.....

Mt. Olivet

Location.....

Frederick, Md

18. Funeral director.....

Harry E. County Co

Address

Frederick, Md

19. 31-Oct

1941

(Date rec'd by registrar)

Elizabeth G. Heek

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Frederick

City or town.....

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

708

N. Market St

(If rural, give LOCATION)

2.(a) If veteran, name war.....

none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Oct 29

1947, at 8:50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 1

1945

to Oct 29, 1947

and that I last saw him or her alive on Oct 29

1947

Immediate cause of death.....

Senility

Due to.....

Cardiovascular

Renal Disease

DURATION

4 years

Due to.....

Other conditions.....

Obstruction

6 months

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of Injury.....

Injured at work?

23. SIGNATURE.....

H. Laura Zahony MD

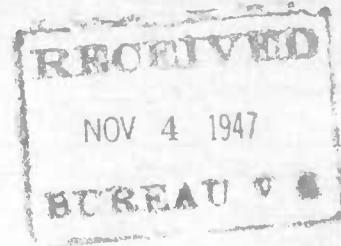
M. D. or other

Address.....

Frederick, Md

Date signed.....

10-3-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physician; please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69639
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

Frederick

County

Thurmont

City or town

(If outside city or town limits, write RURAL and give nearest town)

50 years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Morris Alleman Birely

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Married

6.(b) Name of husband or wife

Bertha Bushey Birely

78

6.(c) If alive, give age years

September 1, 1872

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

If less than one day

75

I

4

hrs.

min.

9. Birthplace

Ladiesburg, Frederick Co., Md

(Town, county, and state)

Physician

10. Usual occupation

Medicine

11. Industry or business

Samuel Birely

FATHER

12. Name

Frederick County, Md.

13. Birthplace

Barbara A. Kemp

14. Maiden name

Frederick Co., Md

15. Birthplace

Mrs. Morris A. Birely

16. Informant

Thurmont, Md.

Address

Burial Date thereof Oct. 8, 1947

17. (Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Blue Ridge Cemetery

Location

Thurmont, Md.

18. Funeral director

M.L. Creager & Son

Address

Thurmont, Md.

19. Oct. 7 1947

(Date rec'd by registrar)

Blanche S. Eyley

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County Frederick

City or town

Thurmont

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Church Street

(If rural, give LOCATION)

No

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 5 - 1947, at 10³⁰

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Oct. 5 - 1947 to Oct. 5 1947

and that I last saw h. b. alive on Oct. 5 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

2 1/2 hours

Due to

Due to

Other conditions

Myocarditis Ch. Mild

1 yr.

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

James K. Gray M.D.

M. D. or other

Address

Thurmont, Md.

Date signed 10/7/47

RECEIVED

OCT 9 1947

BOSTON

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. True correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69040
5521

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)
40 years

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

263 Dill Avenue

How long in hospital or institution?.....

3. (a) FULL NAME

CELESTE GRACE BISER

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Irving S. Biser

7. Birth date of deceased (mo., day, yr.)

April 11, 1876

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

71

5

23

hrs.

min.

9. Birthplace..... Pleasant Hill-Frederick-Maryland
(Town, county, and state)

10. Usual occupation..... At Home

11. Industry or business

12. Name..... Joseph D. Stone

13. Birthplace..... Frederick County Maryland

14. Maiden name..... Harriett E. McDevitt

15. Birthplace..... Frederick County Maryland

16. Informant..... Irving S. Biser

Address..... 263 Dill Ave., Frederick, Md.

17. Burial

(Burial, cremation, or removal; Which?) Date thereof..... 10/7/47

(month) (day) (year)

Cemetery or crematory..... Mount Olivet Cemetery

Location..... Frederick, Maryland

18. Funeral director..... M. R. Etchison and Son

Address..... Frederick, Maryland

19. 6 Oct 1941
(Date rec'd by registrar)Elizabeth G. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 263 Dill Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war..... None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 4th, 1947, at 9:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 3d, 1946, to October 4th, 1947,

and that I last saw her..... alive on October 4th, 1947.

Immediate cause of death.....

Carcinoma

General Metastasis

DISEASE Origin undetermined.

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

C. H. Conley M. D.
M. D. Conley
Address..... Frederick, Maryland Date signed..... 10-6-47

RECEIVED

OCT 8 1947

BUREAU # 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

09041

Reg. Dist. No. 144

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County: Frederick

City or town: Lewistown

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Eli David Bowers

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Widowed

6.(b) Name of husband or wife

Lillie Belle Bowers

7. Birth date of deceased (mo., day, yr.)

February 26, 1862

6.(c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

85

8

2

hrs.

min.

9. Birthplace

Lewistown, Frederick Co., Md

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Carpenter

MOTHER FATHER

Jonathan Bowers

13. Birthplace

Lewistown, Md

14. Maiden name

Julian Ambrose

15. Birthplace

Frederick County, Md.

16. Informant

Sherman P. Bowers

Address

N. Market St., Frederick, Md.

17. Burial

Date thereof Oct. 31, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Mt. Prospect

Cemetery or crematory

Lewistown, Md.

18. Funeral director

M. L. Creager & Son

Address

Thurmont, Md.

Oct. 31, 1947

(Date rec'd by registrar)

Blanche S. Eyer

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County

Frederick

City or town: Lewistown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

NO

2.(a) If veteran, name war.....

3. (b) Social Security Number

None.

MEDICAL CERTIFICATION

October 28, 1947 at 3:15 P.M.

20. DATE OF DEATH

I CERTIFY that death occurred on the date above stated; that I attended deceased from October 9, 1947, to October 28, 1947,

and that I last saw him alive on October 28, 1947.

Immediate cause of death

Cerebral hemorrhage

DURATION

1 week

Due to: Hypertension

Arteriosclerosis

?

Due to:

Other conditions: myocarditis, chronic

?

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op:

Autopsy results: not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. Franklin Bush

M. D. or other

Address: Thurmont, Md. Date signed: Oct. 30, 1947



PLEASE WRITE PLAINLY, WITH NON-PADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

122a
09042

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 days

Hospital, institution, or street address where death occurred

Frederick Memorial HospitalHow long in hospital or institution? 10 days

3. (a) FULL NAME

Nellie May Bowles

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

female white married

Ralph H. Bowles

6.(b) Name of husband

7. Birth date of deceased (mo., day, yr.)

June 10, 19016.(c) If alive, give age 50 years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Baltimore Co., Md.
(Town, county, and state)Housewife

10. Usual occupation

11. Industry or business

Harry Lapele

12. Name

Boonsboro, Md.

13. Birthplace

Maryland

14. Maiden name

Marie L. Moore

15. Birthplace

Marysville, Md.

16. Informant

Ralph Bowles

Address

Middleton, Md.

17. Burial

Date thereof Oct. 28, 1947

(Burial, cremation, or removal. When?)

(month) (day) (year)

Cemetery or

Lutheran Cemetery

Location

Middleton, Md.

18. Funeral director

Gladhill Co.

Address

Middleton, Md.19. 27 Oct1947
(Date rec'd by registrar)Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County

FrederickCity or town Middleton - Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

no

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 26 1947

1947 af 4.25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10/16 1947 1947 to Oct 26 1947 1947and that I last saw him alive on Oct 26 1947 1947

Immediate cause of death

Pulmonary emphysema

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations Thrombulated HerniaHernotomy Date of op. Oct 17 1947

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Epperson

M. D. or other

Address Federal Cup Date signed Oct 27 1947

RECEIVED

NOV 1 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69043

CERTIFICATE OF DEATH

Reg. Dist. No. 141

92d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County..... Frederick
City or town..... Brunswick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 55 yrs

Hospital, institution, or street address where death occurred:

309 A St.

How long in hospital or institution?

3. (a) FULL NAME

Charles Baker Bratt

4. Sex Male 5. Color or race white 6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Elizabeth Ellen Logan

7. Birth date of deceased (mo., day, yr.) Oct 7th 1872 6.(c) If alive, give age 73 years

8. AGE: Years 75 Months 10 Days 1 If less than one day hrs. min.

9. Birthplace West Virginia

(Town, county, and state)

10. Usual occupation B.O.R.R. retired Machinist

11. Industry or business Shop.

MOTHER FATHER 12. Name Samuel J. Bratt

13. Birthplace West Virginia

14. Maiden name Mary E. Brantner

15. Birthplace West Virginia

16. Informant Mrs. Elizabeth E. Bratt

Address Brunswick Md.

17. Burial Date thereof Oct. 20 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Park Height

Location Brunswick Md.

18. Funeral director S. H. Peet & Bro

Address Brunswick Md.

19. Oct 18 1947 Kathryn V. Brown Dep.

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Brunswick (If outside city or town limits, write RURAL and give nearest town)

Street No. 309 19 St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 17 1947

21. I certify that death occurred on the date above stated; that I attended deceased from

Dec 9 1942 to Oct 17 1947 and that I last saw him alive on Oct 15 1947

Immediate cause of death

Kidney Heart Disease (Cerebral)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

S. H. Peet & Bro M. D. or other

Date signed 10/18/47

Address



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69044
13-6

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick

City or town State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 4/22/46

Hospital, Institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 4/22/46

3. (a) FULL NAME

Frederick W. Burris

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of ~~wife~~ wife Rose Burris

7. Birth date of deceased (mo., day, yr.) January 1, 1910 6. (c) If alive, give age 34 years

8. AGE: Years Months Days It less than one day
37 9 29 hrs. min.9. Birthplace Montgomery County, Md.
(Town, county, and state)

10. Usual occupation Hospital Attendant

11. Industry or business

William H. Burris

12. Name Frederick County, Md.

13. Birthplace Annie Johnson

14. Maiden name Virginia

15. Birthplace Deceased

16. Informant Address

17. Burial Date thereof Nov. 1, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Olivet Cemetery

Location Frederick, Md.

18. Funeral director M. P. Etchison & Son

Address Frederick, Md.

19. Oct. 30 1947

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Carroll

City or town Sykesville

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30 1947 at 7:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 22 1946 to Oct. 30 1947

and that I last saw h. im alive on October 30 1947

Immediate cause of death

Pulmonary Tuberculosis

DURATION

61 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. W. Rees

M. D. ~~X~~

Address State Sanatorium, Md. Date signed 10/30/47

RECEIVED

NOV 4 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09045

CERTIFICATE OF DEATH

74a
Reg. Dist. No. 131

1. PLACE OF DEATH:

County

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick General Hospital

How long in hospital or institution?

3. (a) FULL NAME

Chadwick M. George

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

W

Married -

6. (b) Name of husband or wife

Asaworth G. Chadwick

7. Birth date of deceased (mo., day, yr.)

Mar 15 - 1881

6. (c) If alive, give age 66 years

8. AGE:

Years

Months

Days

If less than one day

1881 66 - 6 16 hrs. min.

9. Birthplace

(Town, county, and state)

M. J. -

10. Usual occupation

Store Preceded Workers

11. Industry or business

Retail Trade -

MOTHER FATHER

12. Name

Albert G. Chadwick

13. Birthplace

M. J. -

14. Maiden name

Anna Parker

15. Birthplace

M. J. -

16. Informant

Mrs. Asaworth Chadwick

Address

Washington Grove Md.

B

17. Burial, cremation, or removal

Burial

Which?

Date thereof Oct. 3 - 1947

(month) (day) (year)

Cemetery or cemetery

Towontown Cemetery

Location

Towontown Md.

18. Funeral director

D. O. Jackson

Address

Gothic Cemetery Md.

19. Date rec'd by registrar

1947

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Montgomery

City or town

Washington Grove

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct. 1

1947 at 10⁴⁵

I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 24

1947

to Oct. 1

1947

and that I last saw him alive on Oct. 1

Immediate cause of death

Auto Lungs Failure

Due to

DURATION

1 mo?

Due to

Lobar Pneumonia

1 week

Other conditions (Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

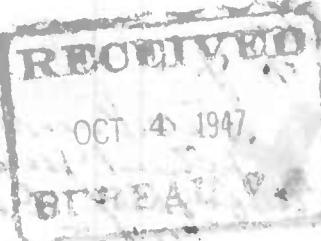
Injured at work?

23. SIGNATURE

A. A. O'Neil M.D.

M. D. or other

Address Truxton, Md. Date signed 10/1/47



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09046

CERTIFICATE OF DEATH

139

Reg. Distr. No.

1. PLACE OF DEATH: Frederick
 County
 City or town. State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Since 7/23/47
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution? Since 7/23/47

138
 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
 State. Maryland County. Anne Arundel
 City or town. Annapolis
(If outside city or town limits, write RURAL and give nearest town)
 Street No. 42 Randall St.
(If rural, give LOCATION)
 2.(a) If veteran, name war.

3. (a) FULL NAME
Lawrence Chapman Collins

3. (b) Social Security Number
214-05-0046

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married
6.(b) Name of husband or wife <u>Mary E. Collins</u>		
7. Birth date of deceased (mo. day. yr.) <u>October 21, 1911</u>		
8. AGE: Years <u>35</u> Months <u>11</u> Days <u>24</u> If less than one day		
hrs. _____ min. _____		
9. Birthplace <u>Annapolis, Maryland</u> <small>(Town, county, and state)</small>		
10. Usual occupation. <u>Painter</u>		
11. Industry or business		
FATHER	12. Name <u>James M. Collins</u>	
13. Birthplace <u>Annapolis, Maryland</u>		
MOTHER	14. Maiden name <u>Grace W. White</u>	
15. Birthplace <u>Ballston, Virginia</u>		
16. Informant. <u>Deceased</u>		
Address		
17. <u>Removal</u> (Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)		
Cemetery or crematory.		
Location <u>Annapolis, Md.</u>		
18. Funeral director <u>M. L. Creager & Son</u>		
Address <u>Thurmont, Maryland</u>		
19. Oct. 15 1947 <u>R. W. Saenger</u> (Date rec'd by registrar)		

REGISTRATION
 MEDICAL CERTIFICATION

20. DATE OF DEATH October 15 1947 at 8:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23 1947 to Oct. 15 1947 and that I last saw him alive on October 15 1947.

Immediate cause of death. Pulmonary Tuberculosis

DURATION 10 Mos.

Due to.

Due to.

Other conditions.

(Include pregnancy within 3 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

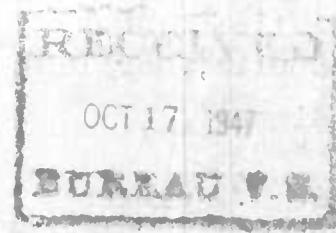
Accident, suicide, or homicide. Date of ...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE. R. W. Saenger M. D. or MD Address State Sanatorium, Md. Date signed 10/15/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

69047
74a

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
 County. Frederick
 City or town. Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 Years

Hospital, institution, or street address where death occurred:
 Frederick Memorial Hospital

How long in hospital or institution? Since September 12, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State. Maryland County. Frederick
 City or town. Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 906 Motter Avenue
 (If rural, give LOCATION)

2.(a) If veteran, name war. None

3. (a) FULL NAME

REV. JAMES PERRY DANIEL

3. (b) Social Security Number

None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of husband or wife. Carrie Bickel Cratzer

6.(c) If alive, give age 64 years
 7. Birth date of deceased (mo., day, yr.) December 1, 1871

8. AGE: Years	Months	Days	It less than one day
75	10	8	hrs. min.

9. Birthplace. Sao Paulo, Brazil
 (Town, county, and state)

10. Usual occupation. Retired Minister

11. Industry or business

MOTHER FATHER Joseph Daniel
 12. Name. Alabama

MOTHER FATHER Ann Hasseltine Harrison
 13. Birthplace Alabama

14. Maiden name. Ann Hasseltine Harrison

15. Birthplace Alabama

16. Informant. Mrs. James P. Daniel

Address 906 Motter Ave., Frederick, Md.
 Burial Date thereof. 10/11/47

(Burial, cremation, or removal, where?) (month) (day) (year)
 Cemetery or crematory. East Harrisburg Cemetery

Location. Harrisburg, Pennsylvania

18. Funeral director. M. R. Etchison and Son
 Address. Frederick, Maryland

19. 9 - Oct 1947
 (Date rec'd by registrar) Elizabeth S. Tech
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH. October 9th 1947 4 A.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 17 1947 to Oct. 9 1947

and that I last saw h. alive on Oct. 8 1947

Immediate cause of death. Laryngeal Throat Leukemia 2 mo +

Due to.

Due to.

Other conditions.

(Include pregnancy within 8 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of...

Where did injury occur? (City or town) (County) (State)

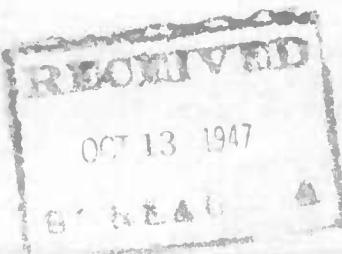
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE. B. O. Homanay M. D.

M. D. or other

Address. Frederick, Maryland Date signed. 10-10-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness of the information is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09048

93d

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 10 Minutes

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Frederick Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME
LOUIS STANLEY CALVIN DARNER

4. Sex <u>M</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>M</u>
-----------------	---------------------------	--

6.(b) Name of husband or wife Mary Elizabeth Roelke

7. Birth date of deceased (mo. day, yr.) September 25, 1888

8. AGE: Years 59 Months 0 Days 8 If less than one day hrs. min.

9. Birthplace Jefferson-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Insurance Agent

11. Industry or business
 FATHER George F. Darner

MOTHER Frederick County Maryland

14. Maiden name Carrie E. Shaff

15. Birthplace Frederick County Maryland

16. Informant Mrs. Elizabeth Darner

Address Frederick Ave., Frederick, Md.

17. Burial Date thereof 10/5/47
 (Burial, cremation, or removal, where) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. Date rec'd by registrar 4 Oct 1947 Elizabeth L. Heck
 (Date rec'd by registrar) Registrar

3. (b) Social Security Number 213-01-8991

MEDICAL CERTIFICATION

20. DATE OF DEATH October 3rd, 1947 at 12:15A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1 1944 to Oct 3 1947
 and that I last saw him alive on Oct 2 1947

Immediate cause of death

Coronary Thrombosis DURATION 10 min

Due to carthyroiditis DURATION 3 year

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE H. Lawrence Faherty M. D.

M. D. or other

Address Frederick, Maryland Date signed 10-4-47

RECEIVED

OCT 8 1947

BUREAU P. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In connect age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09049

131

CERTIFICATE OF DEATH

Reg. Distr. No.

1. PLACE OF DEATH:

County

Frederick

City or town (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

3 years

Hospital, institution, or street address where death occurred:

400 Elm St

How long in hospital or institution?

3. (a) FULL NAME

Mrs B. Davis

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

A. Wmson Davis

7. Birth date of deceased (mo., day, yr.)

July 14 - 1870

6. (c) If alive, give age 80 years

8. AGE:

Years

Months

Days

If less than one day

77

2

29

hrs.

min.

9. Birthplace

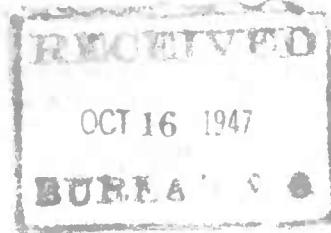
Remington - Maryland

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09050

159

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)
1 Day

Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Harmony Grove
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3. (a) FULL NAME

Thomas Granville Dutrow

4. Sex M	5. Color or race W	6.(a) Single, married, widowed, or divorced S
----------	--------------------	---

6.(b) Name of husband or wife.....

6.(c) If alive, give age.....years
7. Birth date of deceased (mo., day, yr.) October 15, 1947

8. AGE: Years 0 Months 0 Days 0 If less than one day 6 hrs. min.

B. Birthplace: Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business: Nevin Asper Dutrow

12. Name: Nevin Asper Dutrow
13. Birthplace: Frederick County Maryland14. Maiden name: Sarah Ellen Brothers
15. Birthplace: Carroll County Maryland16. Informant: Mrs. Nevin A. Dutrow
Address: R. F. D. #1, Frederick, Maryland17. Burial Date thereof: 10/16/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory: Mt. Olivet Cemetery
Location: Frederick, Maryland18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland19. Date rec'd by registrar: 16 Oct 1947
(Date rec'd by registrar)Signature: Elizabeth L. Heck
Registrar3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 15, 1947, 2 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct. 15, 1947, to Oct. 15, 1947
and that I last saw him alive on Oct. 15, 1947

Immediate cause of death:

Sudden infant (7 months)

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

Signature: Howard W. Ash, M.D.
M. D. or other
Address: Frederick, Maryland
Date signed: 10-16-47

RECEIVED

OCT 18 1947

STHEATT 98

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09051

83a

137

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County.....

City or town.....

Frederick
New Windsor Rural
 (If outside city or town limits, write RURAL and give nearest town)
(Sams Creek)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Annie Bay Echer

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female white married
Emory Echer

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age years

Dec. 14, 1889

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

57 10 15

9. Birthplace.....

(Town, county, and state)

Frederick County, Md.

10. Usual occupation.....

11. Industry or business

MOTHER FATHER

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial.....

(Burial, cremation, or removal. Which?)

Cemetery or crematory.....

Location.....

18. Funeral director.....

19. Date rec'd by registrar.....

(Date rec'd by registrar)

*Samuel Hough**Maryland**Cecilia Norton**Maryland**Emory Echer**New Windsor, P. O. Md.**Burial Oct. 31-47*

(Month) (day) (year)

*Bethel Cemetery**Sams Creek Maryland**Location**L. H. Haftler & Sons**Union Budget New Windsor, Md.**Date rec'd by registrar**Oct. 4, 1947**Registrar*

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH *Oct. 29 1947 at 1:45 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Oct. 26 1947 to Oct. 28 1947*and that I last saw her alive on *Oct. 28 1947*

Immediate cause of death

Cerebral hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE *J. H. Legg*

M. D. or other

Address *Union Budget New Windsor, Md.* Date signed *Oct. 30-47*





PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09052

65a

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County..... Frederick

City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

33 East South Street

How long in hospital or institution?.....

3. (a) FULL NAME

Edith Welch Fox

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Divorced

6. (b) Name of husband or wife

Harry Fox

7. Birth date of deceased (mo., day, yr.)

January 18-1890

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

It less than one day

57

8

19

hrs.

min.

9. Birthplace.....

Frederick County Maryland

(Town, county, and state)

10. Usual occupation.....

Housekeeper

11. Industry or business.....

Home

MOTHER FATHER

12. Name.....

John S. Umberger

13. Birthplace.....

Frederick County Md.

MOTHER FATHER

14. Maiden name.....

Sarah C. Shipley

15. Birthplace.....

Missouri

16. Informant.....

Edward H. Fox

Address

Frederick, Md.

17. Burial

(Burial, cremation, removal, etc.)

Date thereof..... Oct. 10-47

(month) (day) (year)

Cemetery or crematory.....

Pleasant Hill Cemetery

Location.....

Monrovia, Maryland

18. Funeral director.....

C.E. Cline and Son

Address

Frederick, Maryland

19. Date rec'd by registrar.....

19-47

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Frederick

City or town.....

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

33 East South Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 7 1947 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 4th 1947 to October 7th 1947

and that I last saw her alive on October 7th 1947

Immediate cause of death..... Disease of the kidney DURATION

Renal Glands or Addison Disease. 5 yrs

Prior treatment for several years at Johns Hopkins Hospital

Other conditions..... Sputum - Cardiac 3 days

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

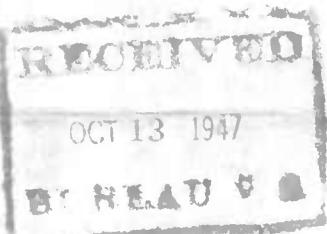
Injured at work?

23. SIGNATURE.....

Dr. U. S. Greene Jr.

M. D. or other

Address..... Frederick, Md. Date signed 10/8/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

09053

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH:

County.....

Frederick

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

62 years

Hospital, Institution, or street address where death occurred:

43 East 5th St

How long in hospital or institution?.....

3. (a) FULL NAME

Walter Leslie Fox

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

white

married

8. (b) Name of husband or wife.....

Mary Helen Fox

7. Birth date of deceased (mo., day, yr.)

April 12 1885

6. (c) If alive, give age..... years

8. AGE:

Years
62Months
5Days
22If less than one day
hrs. min.

9. Birthplace.....

Frederick, Md

(Town, county, and state)

10. Usual occupation.....

Salvager

11. Industry or business

12. Name.....

Charles E. Fox

13. Birthplace.....

Frederick, Md

14. Maiden name.....

Frances Murphy

15. Birthplace.....

Washington, D.C.

16. Informant.....

Mary Helen Fox

Address

43 E. 5th St Frederick, Md

17. Burial

Date thereof Oct 7 1947

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or columbarium.....

Brook Hill

Location.....

Yellow Springs, Md

18. Funeral director.....

Harry E. Gandy Co

Address

Frederick, Md.

19. Date rec'd by registrar

Oct 7 1947

(Date rec'd by registrar)

Elizabeth S. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Frederick

City or town.....

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

43 East 5th St

(If rural, give LOCATION)

2.(a) If veteran, name war.....

none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Oct 4

1947 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 26 1940

to Oct 4 1947

and that I last saw him alive on Oct 3rd

1947

Immediate cause of death.....

Cerebral apoplexy

DURATION

2 weeks

Due to..... Arterio-Sclerosis

8 1/2

and Hypotension

10 1/2

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....

Frederick, Md. Date signed Oct 6 1947

RECEIVED

OCT 8 1947

BUREAU P. G.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct date is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

09054
144

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
 County..... Frederick
 City or town..... Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 17 years
 Hospital, institution, or street address where death occurred:..... Carroll St.,
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Frederick
 City or town..... Thurmont
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... Carroll Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... No

3. (a) FULL NAME..... Lucy Ann Fraley
 4. Sex..... Female Color or race..... White
 5. (a) Single, married, widowed, or divorced..... Married
 6.(b) Name of husband or wife..... James Baker Fraley
 6.(c) If alive, give age..... 60 years
 7. Birth date of deceased (mo., day, yr.)..... February 22, 1892
 8. AGE: Years..... 54 Months..... 7 Days..... 26
 It less than one day..... hrs. min.
 9. Birthplace..... Detour, Frederick Co., Md
 (Town, county, and state)
 10. Usual occupation..... Housewife
 11. Industry or business.....
 12. Name..... Robert S. Speilman
 13. Birthplace..... Detour, Md.
 14. Maiden name..... Annie Eyer
 15. Birthplace..... Detour, Md.
 16. Informant..... Mr. J. Baker Fraley.
 Address..... Thurmont, Md.
 17. Burial..... Date thereof..... Oct. 20, 1947
 (Burial, cremation, or removal. Which?)..... (month) (day) (year)
 Cemetery or crematory..... United Brethren
 Location..... Thurmont, Md.
 18. Funeral director..... M. L. Creager & Son
 Address..... Thurmont, Md.
 19. Oct. 20, 1947..... (Date rec'd by registrar)..... Blanche S. Eyer
 (Signature)..... Registrar

3. (b) Social Security Number..... None

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... October 18, 1947, at 2:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9, 1946, to October 18, 1947, and that I last saw her alive on October 17, 1947.

Immediate cause of death..... Cerebral hemorrhage
 DURATION..... 4 days

Due to..... Hypertension
 arteriosclerosis

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... none

Date of op.

Autopsy results..... not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?)

Meane of injury..... Injured at work?

23. SIGNATURE..... M. Franklin Bird, M.D.

M. D. or other.....

Address..... Thurmont, Md. Date signed..... Oct. 20, 1947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

09055

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:
County... Frederick
City or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? D. A.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Maryland County... Frederick
City or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No... 101 Council Street
(If rural, give LOCATION)

2.(a) If veteran, name war... World War I and II

3. (a) FULL NAME

STALEY HELFENSTEIN GAMBRILL

3. (b) Social Security Number

215-14-6746

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife... Wanetta Molander

7. Birth date of deceased (mo., day, yr.) August 16, 1895

8. AGE: Years 52 Months 1 Days 16 It less than one day hrs. min.

9. Birthplace... Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation... Assistant Manager

11. Industry or business G L Baking Company

12. Name... Cornelius Staley Gambrill

13. Birthplace... Frederick County Maryland

14. Maiden name... Anne Helfenstein

15. Birthplace... Frederick County Maryland

16. Informant... Mrs. Wanetta Gambrill

Address 101 Council St., Frederick, Md.

17. Burial (Burial, cremation, or removal) Date thereof 10/6/47
(month) (day) (year)

Cemetery or cemetery... National Cemetery

Location... Arlington, Virginia

18. Funeral director M. R. Etchison and Son

Address... Frederick, Maryland

19. H Oct 19 47
(Date rec'd by registrar)Elizabeth J. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 2, 1947 at 2:40A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7 January 1947 to 2 Oct. 1947
and that I last saw her alive on 2 October 1947.

Immediate cause of death...

Coronary Thrombosis

Due to...

Due to...

Other conditions...

(Include pregnancy within 3 months of death)

Major findings of operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of...

Where did injury occur? (City or town) (County) (State)

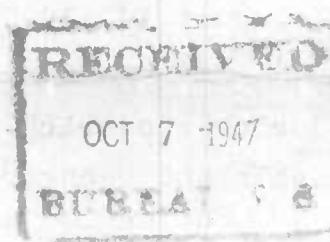
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE Charles H. Conley, M. D.

or other

Address... Frederick, Maryland Date signed 10-3-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09056

93d

CERTIFICATE OF DEATH

Reg. Distr. No. /44

1. PLACE OF DEATH:

Frederick
Thurmont

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

4 years.

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Wilbert Andrew Garrison

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Widowed

6.(b) Name of husband or wife.....

Mary Cornelia Wissler

7. Birth date of deceased (mo., day, yr.)

October 15, 1859

6.(c) If alive, give age.....years

8. AGE: Years Months Days If less than one day

87 II 17 hrs. min.

9. Birthplace.....

(Town, county, and state)

Deerfield, N. J.

10. Usual occupation.....

Retired

11. Industry or business

Teacher

12. Name.....

Andrew H. Garrison

13. Birthplace.....

Unknown

14. Maiden name.....

Phoebe S. Shimp

15. Birthplace.....

Unknown

16. Informant.....

Miss Jessie Wissler

Address.....

Thurmont, Md.

17. Burial Date thereof.....

Oct. 4, 1947

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory.....

United Brethren

Location.....

Thurmont, Md.

18. Funeral director.....

M. L. Creager & Son

Address.....

Thurmont, Md.

19. Oct. 4 1947

(Date rec'd by registrar)

Blandford & Eyley
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Thurmont (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

No

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... October 1, 1947 7:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 3, 1947 to October 1, 1947 and that I last saw him alive on October 1, 1947.

Immediate cause of death.....

Angina pectoris

DURATION

11 yrs.

Due to.....

Due to.....

Other conditions..... Chronic myocarditis

Arteriosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations..... none

Date of op.

Autopsy results..... not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

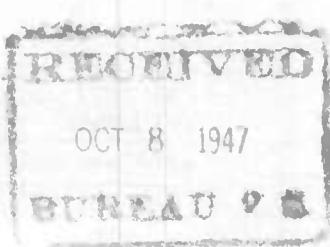
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?.....

23. SIGNATURE..... M. L. or other

M. Franklin Birley, M.D.
Thurmont, Md. Date signed Oct. 3, 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

09057

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:
County... Frederick

City or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?... 8 Years

Hospital, institution, or street address where death occurred:
Blue Ridge Lines Bus Terminal

How long in hospital or institution?.....

3. (a) FULL NAME

REMY GIBO

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	W

6. (b) Name of husband or wife..... Emelie Ditner

7. Birth date of deceased (mo., day, yr.)..... October 1, 1871

8. AGE:	Years	Months	Days	It less than one day
	76	0	30	hrs. min.

9. Birthplace..... Fourlz, France
(Town, county, and state)

10. Usual occupation..... Retired

11. Industry or business..... Textile Mills

FATHER 12. Name..... August Gibo

13. Birthplace..... France

MOTHER 14. Maiden name..... Clementine Miller

15. Birthplace..... France

16. Informant..... Rene X. Gibo

Address 202 E. Church St., Frederick, Md.

17. Removal Date thereof. 11/2/47
(Burial, cremation, or removal. When?) (month) (day) (year)

Cemetery or crematory.....

Location..... Seymour, Indiana

18. Funeral director..... M. R. Etchison and Son

Address..... Frederick, Maryland

19. I - (Date rec'd by registrar) 1947 Elizabeth G. Tech.
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 202 East Church Street
(If rural, give LOCATION)

2. (a) If veteran, name war..... None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... October 31st 1947 at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 31 dead to Oct 31 1947

and that I last saw her alive on Oct. 31 1947

Immediate cause of death..... coronary occlusion

DURATION

5 min

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) DR. R. W. BAER

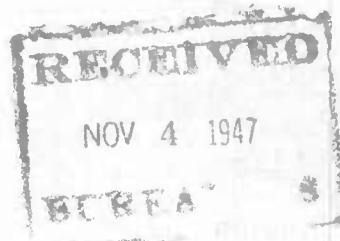
Means of injury..... DEPUTY MEDICAL EXAMINER

Injured at work? DR. R. W. BAER Deputy Medical

Examiner

23. SIGNATURE..... M. D. or other

Address..... Frederick, Maryland Date signed 11-1-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09058
94a

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:
County..... Frederick

City or town..... Jefferson

(If outside city or town limits, write RURAL and give nearest town)

4 Years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

JAMES CLEMENT GREENLAY

4. Sex..... M 5. Color or race..... W 6. (a) Single, married, widowed, or divorced..... W

6. (b) Name of husband or wife..... Eunice Boullt

7. Birth date of deceased (mo., day, yr.)..... August 23, 1861 8. (c) If alive, give age..... years

8. AGE: Years..... 86 Months..... 2 Days..... 4 If less than one day..... hrs. min.

9. Birthplace..... Canada (Town, county, and state)

10. Usual occupation..... Retired

11. Industry or business.....

12. Name..... John W. Greenlay
MOTHER FATHER

13. Birthplace..... England

14. Maiden name..... Sarah K. Fraser

15. Birthplace..... Ireland

16. Informant..... Miss Jessie H. Greenlay

Address..... Jefferson, Maryland

17. Removal..... Date thereof..... 10/28/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....

Location..... Haverhill, Mass.

18. Funeral director..... M. R. Etchison and Son

Address..... Frederick, Maryland

19. 28-Oct 1947 (Date rec'd by registrar) Elizabeth G. Tech. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... Maryland County..... Frederick

City or town..... Jefferson (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war..... None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Oct 27 1947 a.m. 8²⁰ AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1947 to Oct 27 1947 and that I last saw h. alive on Oct 26 1947

Immediate cause of death.....

Coronary Occlusion

Due to..... Coronary Occlusion 8 yrs

Due to..... Gangrene

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... M. D. or other

Date signed..... 10/27/47

RECEIVED

OCT 30 1947

STANFORD LIBRARIES

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Check each age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

128

09059

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?.....

3. (a) FULL NAME

MARTHA JANE HALL

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

C

M

6. (b) Name of husband or -

Henry Hall

7. Birth date of deceased (mo., day, yr.)

April 17, 1875

6. (c) If alive, give age 75 years

8. AGE: Years

Months

Days

If less than one day

72

6

13

....hrs.min.

9. Birthplace Frederick County Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

Alfred Harper

FATHER

12. Name

Frederick County Maryland

MOTHER

13. Birthplace

Julia (last name unknown)

MOTHER

14. Maiden name

Frederick County Maryland

MOTHER

15. Birthplace

Charles Ambush

16. Informant

Lime Kiln, Maryland

Address

Burial

Date thereof 11/3/47
(Burial, cremation, or removal of body)
(month) (day) (year)

Colored Cemetery

Cemetery or crematory

Point of Rocks, Maryland

Location

M. R. Etchison and Son

18. Funeral director

Frederick, Maryland

Address

19. I -

Date rec'd by registrar

1947

Elizabeth J. Heck

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 136 West South Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 30th 1947 at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 28 1947 to Oct. 30 1947

and that I last saw her alive on Oct. 30 1947

Immediate cause of death

Hepat Pancreatitis

DURATION
3 days

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bernard Hennos M. D.

M. D. or other

Frederick, Maryland Date signed 11-1-47

RECEIVED

NOV 4 1947

BCR

PLEASE WRITE PLAINLY, WITH ~~STYLING~~ FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09060
93d

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH: **Fredrick**
 County
 City or town **Emmitsburg, Md.**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **64 years**
 Hospital, Institution, or street address where death occurred: _____
 How long in hospital or institution? _____

3. (a) FULL NAME
Murray Scott Hardman

4. Sex	m	5. Color or race	white	6. (a) Single, married, widowed, or divorced	married
--------	---	------------------	-------	--	---------

6. (b) Name of husband or wife **Alma Sites, Hardman**
 6. (c) If alive, give age **66 years**

7. Birth date of deceased (mo., day, yr.) **August 31, 1883**

8. AGE: Years **64** Months **1** Days **22** If less than one day hrs. min.

9. Birthplace **Fredrick Co., Md.**
 (Town, county, and state)

10. Usual occupation **Interior Decorator**

11. Industry or business

FATHER 12. Name **Harry Hardman**
 13. Birthplace **Fredrick Co., Md.**

MOTHER 14. Maiden name **Elvira Six**
 15. Birthplace **Fredrick Co., Md.**

16. Informant **Alvira H. M. Hardman**
 Address **Emmitsburg, Md.**

17. burial **burial** Date thereof **October 25, 1947**
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **Mountain View Cemetery**
 Location **Emmitsburg, Md.**

18. Funeral director **J. L. Allison**
 Address **Emmitsburg, Md.**

19. (Date rec'd by registrar) **Oct-24 1947** M. D. or other **M. T. Shuff**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State **Maryland** County **Fredrick**
 City or town **Emmitsburg**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (b) Social Security Number **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH **Oct. 23 1947** at **3:30 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **1940** 1940 to **Oct 23 1947** and that I last saw b. alive on **Oct 22 1941**

Immediate cause of death **coronary occlusion** DURATION **6 hours**

Due to **arteriosclerosis** DURATION **several years**
cardio vascular disease **years**

Due to
 Other conditions
 (Include pregnancy within 8 months of death)

Major findings of operations Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
 Means of Injury Injured at work?

23. SIGNATURE **W.R. Cade M.D.** M. D. or other
 Address **Emmitsburg Md.** Date signed **Oct 23 1947**



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09061

CERTIFICATE OF DEATH

726
Reg. Dist. No.

131

1. PLACE OF DEATH:

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 da.

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? 1 da.

3. (a) FULL NAME

Lionel E. Harrel

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

male white

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Oct 20. 1947

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

17. Cemetery or crematory

18. Funeral director

19. Date rec'd by registrar

VS A15

9-45-17

7

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

I

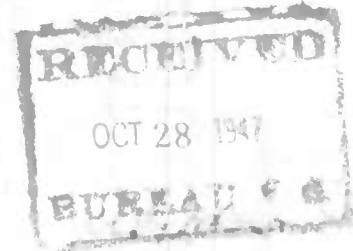
I

I

I

I

I</div



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

74a

09062

CERTIFICATE OF DEATH

Reg. Dist. No.

31

1. PLACE OF DEATH:

County FrederickCity or town Bethelick R.F.D. #5

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? Four days

3. (a) FULL NAME

Great Hayes

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male white widowed

6.(b) Name of husband or wife

Mary V. Hayes

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

1865 - Unknown

8. AGE:

Years 82 Months - Days - If less than one day hrs. - min.

9. Birthplace

Virginia
(Town, county, and state)

10. Usual occupation

Labors R.R.

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Harry W. Hayes

Address

Brunswick, Md.

17. Burial

Date thereof Oct 19 1947
(Burial, cremation, or removal, when)

(month) (day) (year)

Cemetery or crematory

Park Heights

Location

Brunswick Maryland

18. Funeral director

C. H. Furt + Son

Address

Brunswick Maryland19. 17 Oct 1947
(Date rec'd by registrar)Elizabeth G. Heck.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH October 17 1947 at 2 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 1947 to Oct 17 1947and that I last saw h. s. m. alive on Oct 17 1947

Immediate cause of death

Myeloid Leukemia

DURATION

3 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

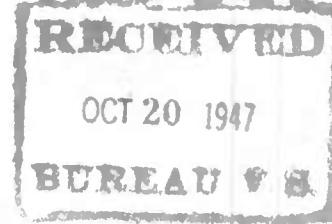
Injured at work?

23. SIGNATURE

Bernard O. Thomas, M.D.

M. D. or other

Address Frederick, MD Date signed 10/17/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

6963

47d

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick

City or town State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Since 9/18/47

How long in above place of death?

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 9/18/47

3. (a) FULL NAME

James Hensell

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

January 1, 1878

8. (c) If alive, give age year

8. AGE:

Years

Months

Days

If less than one day

69

9

29

hrs.

min.

9. Birthplace

Frostburg, Md.

(Town, county, and state)

10. Usual occupation

Cook

11. Industry or business

MOTHER FATHER 12. Name

Cyrus P. Hensell

13. Birthplace

Myersdale, Pa.

14. Maiden name

Anne E. Thomas

15. Birthplace

Allegany Co., Md.

16. Informant

Deceased

Address

Burial

Date thereof Nov 2, 1947
(month) (day) (year)

Cemetery or crematory

Allegany Cemetery

Location

Frostburg, Md.

18. Funeral director

John J. Hafer

Address

230 Baltimore Ave. Cumberland, Md.

19. (Date rec'd by registrar)

19 47

O. D. S. /

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Allegany

City or town Cumberland

(If outside city or town limits, write RURAL and give nearest town)

Street No. 516 Virginia Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

220-07-6912

MEDICAL CERTIFICATION

20. DATE OF DEATH October 30

19 47 at 4:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 18

19 47 to Oct. 30

and that I last saw him alive on October 30

19 47

Immediate cause of death

Carcinoma of the left lung

DURATION

7 MOS.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Md. R. L. Baker M. D. XXXX

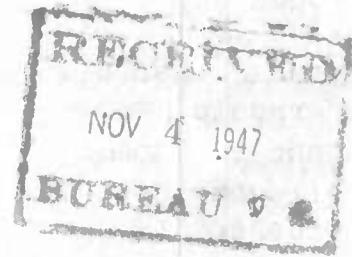
Address State Sanatorium, Md. Date signed 11/1/47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS A15 9-45-17

MARGIN RESERVED FOR BINDING



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09064

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County... Frederick

City or town... Jefferson

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

LUCY BELL HIMES

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

F

W

M

6. (b) Name of husband or ~~or~~ Albert H. Himes

7. Birth date of deceased (mo., day, yr.) August 30, 1885

6. (c) If alive, give age 70 years

8. AGE: Years Months Days If less than one day
62 9 5 hrs. min.9. Birthplace... Jefferson-Frederick-Maryland
(Town, county, and state)

10. Usual occupation... At Home

11. Industry or business

12. Name... Charles Corun

13. Birthplace... Frederick County Maryland

14. Maiden name... Sarah Darner

15. Birthplace... Frederick County Maryland

16. Informant... Albert H. Himes

Address... Jefferson, Maryland

17. Burial

(Burial, cremation, or removal; which?) Date thereof... 10/7/47

(month) (day) (year)

Cemetery or ~~crematory~~ Reformed Cemetery

Location... Jefferson, Maryland

18. Funeral director... M. R. Etchison and Son

Address... Frederick, Maryland

19. (Date rec'd by registrar) 6 Oct 1947

Elizabeth L. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Frederick

City or town... Jefferson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war... None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5th 1947 at 2:40A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 3 1947 to Oct 5 1947

and that I last saw her alive on Oct 4 1947

Immediate cause of death...

Cerebral hemorrhage

DURATION

26 days

Due to... Hypertension +
Atherosclerosis

Due to...

Other conditions... Myocarditis
Chronic

5 years

(Include pregnancy within 8 months of death)

Major findings of operations...

Date of op.

Autopsy results...

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Frederick, Maryland

Date signed 10-6-47

RECEIVED

OCT 8 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

89065

930

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

Frederick
County
Frederick

(If outside city or town limits, write RURAL and give nearest town)

25 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

25 West Fifth Street

How long in hospital or institution?

3. (a) FULL NAME

PANSY REBECCA JONES

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

F W M

6.(b) Name of husband or wife Charles E. Jones

7. Birth date of deceased (mo., day, yr.) July 27, 1888 6.(c) If alive, give age 76 years

8. AGE: Years Months Days If less than one day
59 2 10 hrs. min.9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER	James White
	Frederick County Maryland
	Margaret Brady
	Frederick County Maryland

16. Informant Mr. Charles E. Jones

Address 25 W. 5th St., Frederick, Md.

17. Burial Date thereof 10/10/47
(Burial, cremation, or removal, which, month, day, year)

Mount Olivet Cemetery

Cemetery or cemetery Frederick, Maryland

Location
18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland19. 8 Oct 1947
(Date rec'd by registrar)Elizabeth S. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
Maryland County Frederick

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. 25 West Fifth Street
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH October 7, 1947 at 9 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 7 to 1947 to Oct 7 & 1947
and that I last saw her alive on Oct 7, 1947

Immediate cause of death

Coronary thrombosis

Due to Arteriosclerosis and Myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Frank H. Hegn M. D.

M. D. or other

Address Frederick, Maryland Date signed 10-8-47

RECEIVED

OCT 9 1947

BURRAT CO

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

09066

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, Institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? 15 months

3. (a) FULL NAME

MAMIE E. NICODEMUS KINDLEY

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or... William E. Kindley

6.(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) December 29, 1867

8. AGE:	Years	Months	Days	If less than one day
	79	9	6	hrs. min.

9. Birthplace Buckeystown, Frederick Co., Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name A. W. Nicodemus

13. Birthplace Carroll County, Md.

14. Maiden name Barbara Fulton

15. Birthplace Woodsboro, Maryland

16. Informant Mr. William E. Kindley

Address Frederick, Maryland

17. Burial Date thereof October 7, 1947

(Burial, cremation, or removal, where?)

Cemetery or cemetery Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. (Date rec'd by registrar) 16 Oct 1947

(Date rec'd by registrar) Elizabeth J. Heckle

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION) None

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH October 5th 1947 at 10:55A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her alive on Oct. 5 1947

Immediate cause of death

Cerebral Hemorrhage

DURATION

2 weeks

Due to

Arteriosclerosis

1 yr.

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Frederick, Md. Date signed 10/6/47

RECEIVED

OCT 7 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH X

2411 N. Charles St., Baltimore

09067

462

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County.

Frederick

City or town..... Brunswick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs

Hospital, institution, or street address where death occurred:

20 West 8 Street

How long in hospital or institution? 1

3. (a) FULL NAME

Bessie Mae Lake

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female White Married

6.(b) Name of husband or wife

E. J. Lake

63

7. Birth date of deceased (mo., day, yr.) Jan 25 1888

years

8. AGE: Years Months Days If less than one day

59

8

28

hrs.

min.

9. Birthplace..... Virginia

(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business..... Home

12. Name..... Jones M. Jackson

13. Birthplace..... Virginia

14. Maiden name..... Anna E. Duncan

15. Birthplace..... Page Co. Va.

16. Informant..... G. J. Lake

Address..... Brunswick, Md.

17. (Burial, cremation, or removal. Which?) Date thereof Oct 25-47

(month) (day) (year)

Cemetery or crematory..... River View Shrubland Co.

Location..... Strasburg Virginia

18. Funeral director..... C. H. Fult + Bro.

Address..... Brunswick, Maryland

19. Oct 23 1947 Registrar..... Kathryn H. Brown

Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Frederick

City or town..... Brunswick

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 20 West 8 St.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Oct. 23 1947 at 10:31 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 1947 to Oct. 23 1947

and that I last saw h.c. alive on Oct. 22 1947

Immediate cause of death..... Coronary

DURATION

Due to..... Primary coronary disease
The outcome.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injury at work?

23. SIGNATURE..... L. P. Pruitt

M. D. or other

Address..... Brunswick, Md.

Date signed..... Oct 23, 1947

RECEIVED

OCT 27 1947

BUREAU

I

9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

CERTIFICATE OF DEATH

09068

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 days

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? 5 days

3. (a) FULL NAME

Charles W Lantz

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

MARRIED

6. (b) Name of husband or wife

MAY BROWN

7. Birth date of deceased (mo., day, yr.)

JUNE 26, 1874

6. (c) If alive, give age 70 years

8. AGE:

Years

Months

Days

If less than one day

72

3

8

hrs.

min.

9. Birthplace

Lantz - Maryland

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FARMER

MOTHER FATHER

CYRUS LANTZ

13. Birthplace

LANTZ, Md.

14. Maiden name

EMMA JANE EYLER

15. Birthplace

LANTZ, Md.

16. Informant

MRS. CHARLES LANTZ

Address

LANTZ, Md.

17. BURIAL

Date, thereof Oct. 6, 1947

(Burial, cremation, or removal, where?)

(month) (day) (year)

Cemetery or crematory

Blue Ridge

Location

Thurmont, Md.

18. Funeral director

M.L. Creager & Son

Address

Thurmont, Md.

19. Act

19-41

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Sabillasville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

No

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 7 1947 at 12:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept. 30 1947 to Oct. 9 1947

and that I last saw him alive on Oct. 4 1947

Immediate cause of death

Gout, Coronary Thrombosis

Duration

1 hr

Due to

Arteriosclerosis

Cerebral Hemorrhage

Diabetes Mellitus

5 days

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

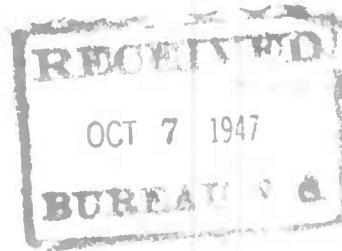
Injured at work?

23. SIGNATURE

A. G. Parr, M.D.

M. D. or other

Address Thurmont, Md. Date signed 10/14/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

462

09069

132

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick

City or town Middletown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 mos.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Frank Ridgley Lighter

4. Sex Male Color or race White

5. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Edith B. Lighter

7. Birth date of deceased (mo., day, yr.) Nov. 30, 1886

8. AGE: Years Months Days If less than one day
60 10 27 hrs. min.

9. Birthplace Middletown, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation Painter

11. Industry or business

12. Name Daniel J. Lighter

13. Birthplace Middletown, Md.

14. Maiden name Mary Venards

15. Birthplace Middletown, Md.

16. Informant Edith B. Lighter

Address Middletown, Md.

17. Burial Date thereof 10-30-47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Middletown, Md.

18. Funeral director Gladhill Co.

Address Middletown, Md.

19. Oct 28, 1947 Date rec'd by registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County Frederick

City or town Middletown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

20. DATE OF DEATH October 27, 1947 at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1947 to Oct 27, 1947

and that I last saw him alive on Oct 26, 1947

Immediate cause of death

Due to Carcinoma Colon
Liver

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma Colon & Liver

Date of op. Oct 8, 1947

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE

J. E. Harp, M.D. or other

Address Middletown Date signed Oct 28, 1947

RECEIVED

NOV 3 1917

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

09070

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Frederick

City or town Frederick-Rural R. F. D. #4

(If outside city or town limits, write RURAL and give nearest town)

18 Years

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:

Ballenger Creek Road

How long in hospital or institution?.....

3. (a) FULL NAME

ALICE EMMA Mackenzie

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

F

W

M

6.(b) Name of husband or

William B. MacKenzie

73

7. Birth date of deceased (mo., day, yr.)

June 4, 1875

6.(c) If alive, give age..... years

8. AGE: Years

Months

Days

If less than one day

72

4

16

hrs.

min.

9. Birthplace.....

(Town, county, and state)

At Home

10. Usual occupation.....

11. Industry or business.....

Edward Norris

12. Name.....

MOTHER FATHER Washington County Maryland

13. Birthplace.....

Ella Gloss

14. Maiden name.....

Washington County Maryland

15. Birthplace.....

Mrs. Robert Luhn

16. Informant.....

Address R. F. D. #4, Frederick, Maryland

Burial

Date thereof 10/23/47

(Burial, cremation, or removal, which)

(month) (day) (year)

Cemetery or crematory United Brethren Cemetery

Location.....

Rohersville, Maryland

18. Funeral director.....

Address M. R. Etchison and Son

Frederick, Maryland

19. Date rec'd by registrar

19.47

Elizabeth J. Tech

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick-Rural R. F. D. #4

(If outside city or town limits, write RURAL and give nearest town)

Street No. Ballenger Creek Road

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... October 20th 19. 47 at 7:30P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10-20 19.47 to 10-20 19.47

and that I last saw h. cr. alive on 10-20 19.47

Immediate cause of death.....

Coronary Occlusion

DURATION

1hr

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address Frederick, Maryland Date signed 10-21-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

Reg. Dist. No. 0907139

1. PLACE OF DEATH: Frederick
 County.....
 City or town..... Sabillasville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Lifetime
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?.....

3. (a) FULL NAME
 Lee-Roy McKissick

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) July 8, 1908

8. AGE:	Years	Months	Days	If less than one day
	39	3	14	hrs. min.

9. Birthplace..... Sabillasville, Frederick Co. Md.
 (Town, county, and state)

10. Usual occupation..... Painter

11. Industry or business

FATHER	12. Name..... James S. McKissick
	13. Birthplace..... Eyler's Valley, Md.

MOTHER	14. Maiden name..... Katherine E. McClain
	15. Birthplace..... Eyler's Valley, Md.

16. Informant..... Mrs. Guy Kipe

Address..... Sabillasville, Md.

17. Burial Date thereof..... Oct. 26, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Blue Ridge Cemetery

Location..... Thurmont, Md.

18. Funeral director..... M. L. Creager & Son

Address..... Thurmont, Md.

19. Date rec'd by registrar..... Oct. 25 1947
 (Date rec'd by registrar) J. H. Lyon
 Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State..... Maryland County..... Frederick
 City or town..... Sabillasville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION) Second World War.

2.(a) If veteran, name war.....

3. (b) Social Security Number

No

MEDICAL CERTIFICATION

20. DATE OF DEATH October 22, 1947, at 6:30 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct. 22 1947 to Oct. 22 1947 and that I last saw him alive on Oct. 1 1947

Immediate cause of death..... Heart disease, coronary occlusion
 Due to..... Sudden

Due to.....

Other conditions..... Alcoholism, periodic protracted intoxication.
 (Include pregnancy within 3 months of death) Many years

Major findings or operations..... Date of op.

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... J. H. Lyon M.D.
 M. D. or other

Date signed 10/23/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



I



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09672

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

233½ North Market Street

How long in hospital or institution?

3. (a) FULL NAME

MARION SHRINER MOBERLY

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

Rena Kline

7. Birth date of deceased (mo., day, yr.)

March 30, 1862

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Court Librarian

11. Industry or business

County Court House

MOTHER FATHER

12. Name

Lewis H. Moberly

13. Birthplace

Frederick, Maryland

Catherine Shriner

14. Maiden name

Frederick, Maryland

15. Birthplace

Lewis H. Moberly

16. Informant

Miss Jennie Moberly

Address

233½ N. Market St., Frederick, Md.

17. Burial

(Burial, cremation, or removal, which)

Date thereof

(month) (day) (year)

Cemetery or cemetery

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

1947

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

State

Frederick

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

233½ North Market Street

Street No.

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

October 22nd, 1947, at 1:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5th, 1947, to October 22, 1947,

and that I last saw h.im alive on October 21st, 1947.

Immediate cause of death

Carcinoma

Head of the pancreas

DURATION

3½ mos.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

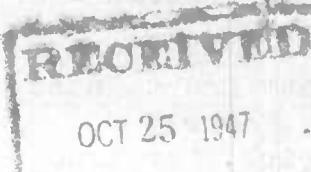
Means of injury

Injured at work?

23. SIGNATURE

C. H. Conley, M.D.

C. H. Conley, M.D. or other
Address Frederick, Maryland Date signed 10-23-47



RECEIVED

Evidence for the change of duration in

I.O.O.F. home is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

G/113 11/28/47

2411 N. Charles St., Baltimore

09073
106 b

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

Frederick

County

Frederick-Rural R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years Months

Hospital, institution, or street address where death occurred:

I. O. O. F. Home

How long in hospital or institution? 4 years Months

3. (a) FULL NAME

MARY EMMA MYERS

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

W

6.(b) Name of husband or ~~spouse~~

Edward Myers

7. Birth date of deceased (mo., day, yr.)

October 21, 1876

6.(c) If alive, give age years

8. AGE:

Years

71

Months

0

Days

8

If less than one day

hrs.

.

min.

9. Birthplace: Betterton-Kent-Maryland

(Town, county, and state)

10. Usual occupation: None

11. Industry or business

12. Name: Thomas Bowers Tilden Brice

13. Birthplace: Queen Ann County Maryland

MOTHER FATHER: 14. Maiden name: Anominta Bramble

15. Birthplace: Fair Lake, Maryland

16. Informant: I. O. O. F. Home Records

Address: R. F. D. #1, Frederick, Md.

17. Removal: Date thereof: 10/30/47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory:

Still Pond, Maryland

18. Funeral director: M. R. Etchison and Son

Address: Frederick, Maryland

19. Date rec'd by registrar: 29 Oct

1947

Elizabeth G. Heck.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County: Frederick

City or town: Frederick-Rural R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

Street No.: I. O. O. F. Home

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 29th 1947 at 2:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 1 1947 to Oct 29 1947

and that I last saw him alive on Oct 28 1947

Immediate cause of death: Hypostatic pneumonia DURATION

3 days

Due to: Chronic bronchitis

4 years

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

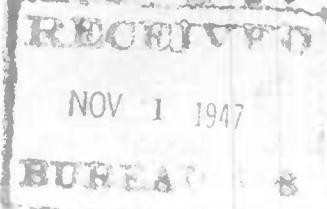
Means of injury

Injured at work?

23. SIGNATURE: M. D.

M. D. or other

Address: Frederick, Maryland Date signed: 10-29-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of death, write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09674

93d

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

One hour

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

One hour

3. (a) FULL NAME

Mrs. Jean DeLashmunt Pearre

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Married

6. (b) Name of husband

George A. Pearre-Jr.

7. Birth date of deceased (mo., day, yr.)

July 7- 1880

6. (c) If alive, give age 65 years

8. AGE:

Years 67

Months ?

Days ?

If less than one day hrs. min.

9. Birthplace

Martinsville, Illinois

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

MOTHER FATHER

William R. DeLashmunt

12. Name

Frederick County, Maryland

13. Birthplace

Virginia Reich

14. Maiden name

Frederick County, Maryland

15. Birthplace

George A. Pearre

16. Informant

Address Comus, Maryland

17. Burial

(Burial, cremation, or removal, which)

Date thereof Oct. 21-1947

(month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director

C. E. Cline & Son

Address

Frederick, Maryland

19. Date rec'd by registrar

1947

(Date rec'd by registrar)

Elizabeth L. Techs.
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Montgomery

City or town Comus (Rural)

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

October 18th 1947 at 4:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 18- 1947 to Oct. 18- 1947

and that I last saw her alive on Oct. 18- 1947

Immediate cause of death Coronary occlusion

DURATION

4 days

Due to Chronic myocarditis.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. M. Smith MD
Frederick MD
M. D. or other
Address Date signed 10-20-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09075

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of death of a minor, give correct age.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Frederick

City or town State Sanatorium, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since 7/10/47

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? Since 7/10/47

3. (a) FULL NAME

Vera Rock

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Married

6.(b) Name of husband

XXX Warner Rock

7. Birth date of deceased (mo., day, yr.)

September 12, 1896

6.(c) If alive, give age

47

years

8. AGE:

Years

Months

Days

If less than one day

51

0

29

hrs.

min.

9. Birthplace Williamsport, Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name David Young

13. Birthplace Williamsport, Md.

14. Maiden name Annie Little

15. Birthplace Williamsport, Md.

16. Informant Deceased

Address

17. Burial Date thereof 10/14/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery Riverview

Location Williamsport, Maryland

18. Funeral director Edith Leaf

Address Williamsport, Maryland

19. Oct. 13 1947
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport

(If outside city or town limits, write RURAL and give nearest town)

Street No. Rt. 2

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH October 11 1947 at 5:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1947 to Oct. 11 1947 and that I last saw her alive on October 11 1947.

Immediate cause of death

Pulmonary Tuberculosis

DURATION

8 Mos.

XXX

Bronchial Asthma

13 Yrs.

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

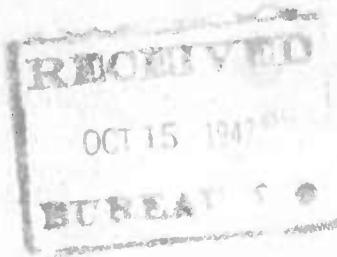
Injured at work?

23. SIGNATURE

R. L. Seccia

M. D. XXXXX

Address State Sanatorium, Md. Date signed 10/13/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09076
170c

CERTIFICATE OF DEATH

Reg. Dlat. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick-Rural R. F. D. #5

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

Linden Hills

How long in hospital or institution?

3. (a) FULL NAME

SHARON ELIZABETH RUDY

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

S

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

April 4, 1945

8. AGE: Years Months Days If less than one day

2 6 5 hrs. min.

9. Birthplace Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Richard B. Rudy

13. Birthplace Middletown, Maryland

MOTHER 14. Maiden name Helen Harshman

15. Birthplace Myersville, Maryland

16. Informant Richard B. Rudy

Address R. F. D. #5, Frederick, Md.

17. Burial

(Burial, cremation, or removal, which)

Date thereof 10/31/47

(month) (day) (year)

Cemetery or cemetery Lutheran Cemetery

Location Middletown, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 31-Oct-1947
(Date rec'd by registrar)Elizabet B. Heek
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick-Rural R. F. D. #5

(If outside city or town limits, write RURAL and give nearest town)

Street No. Linden Hills

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

Oct 29

1947 at 11:30 AM

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw her dead to 1947.

Immediate cause of death

Fracture of skull
No evidence of brain

DURATION

Unconscious

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

accident Date of 10-29-47

Where did injury occur? Way Frederick Frederick (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Name

Means of injury auto

Injured at work no

By Bus Deployed Ex

23. SIGNATURE

Friedman M. D. or other

Address Date signed 10-29-47

RECORDED

NOV 1 1947

BUREAU OF INVESTIGATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incomplete age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09077
131a

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

Frederick County

Adamstown

(If outside city or town limits, write RURAL and give nearest town)

2 Years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

SAMUEL LEVI RUNKLES

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

W

6. (b) Name of husband or wife

Ida Sellman

7. Birth date of deceased (mo., day, yr.)

January 9, 1857

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

90

9

20

hrs.

min.

9. Birthplace (Town, county, and state)

Mount Airy-Carroll-Maryland

10. Usual occupation

Retired Farmer

11. Industry or business

Basil Runkles

FATHER

12. Name

Mount Airy, Maryland

MOTHER

13. Birthplace

Ellen Mentzer

14. Maiden name

15. Birthplace

Mount Airy, Maryland

16. Informant

Mrs. Roy L. Fouche

Address

Adamstown, Maryland

17. Burial

(Burial, cremation, or removal where?)

Date thereof 10/31/47

(month) (day) (year)

Cemetery or cemetery

Prospect Cemetery

Location

Near Mount Airy, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

1947

Elizabeth G. Hecks.
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County

Frederick

- Only or town Adamstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH October 29, 1947 at 8:30AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 to 1947

and that I last saw him alive on 27 Oct 1947

Immediate cause of death

Uræmia

DURATION

2 weeks

Due to Arteriosclerotic Cardio-
vascular Disease

? 7

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE Charles H. Conley M. D.

N. Y. or other

Address Frederick, Maryland Date signed 10-29-47

RECEIVED

NOV 1 1947

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

130

09078

Reg. Dist. No. 31

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Frederick

City or town Brunswick Rd. #5

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution? 1 day

3. (a) FULL NAME

Edgar Scott

4. Sex

5. Color or race

6. (example, married, widowed, or divorced)

Male Colored Married

6. (b) Name of husband or wife

Fanny Edwards Scott

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

September 6, 1892

8. AGE:

Years

Months

Days

If less than one day

35

1

17

hrs.

min.

9. Birthplace

Loud Co. Virginia

(Town, county, and state)

10. Usual occupation

laborer

11. Industry or business

B&O R.R Co

MOTHER FATHER

12. Name

William Scott

13. Birthplace

Va.

14. Maiden name

Martha Borders

15. Birthplace

Va.

16. Informant

Fannie Scott Wife

Address

202 3rd Ave. Brunswick Md.

17. Burial

Date thereof 10 26 47

(month) (day) (year)

(Burial, cremation, removal, etc.)

Cemetery or cemetery

Sunny Side Cemetery

Location

Jefferson, Md.

C.H. Fuks + Bro.

18. Funeral director

Burke

Address

Maryland

19. Date rec'd by registrar

Elizabeth G. Hede

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Brunswick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 202 3rd Ave

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct

23

1947

at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 1 1947 to Oct 23 1947

and that I last saw h.m. alive on 23 Oct 1947

Immediate cause of death

DURATION

Due to Acute Myocarditis

Due to Acute nephritis

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results Not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

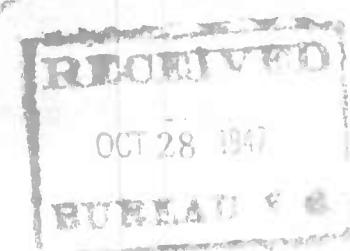
Means of injury Injured at work

23. SIGNATURE

M. D. or other

Address

Date signed



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

09079

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:
County Frederick

City or town Myersville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 26 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

JOHN O. SHEPLEY

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife
Laura C. (Brandenburg)
Shepley.

7. Birth date of deceased (mo., day, yr.) November 4, 1878

8. AGE: Years	Months	Days	If less than one day
68	11	26	hrs. min.

9. Birthplace Nr. Wolfsville, Fred. Co., Md.
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business General Merchandise

MOTHER FATHER	12. Name
	Lawson H. Shepley

MOTHER	13. Birthplace
	Maryland

MOTHER	14. Maiden name
	Mary Toms

MOTHER	15. Birthplace
	Maryland

16. Informant	Elmer F. Shepley
Address	Myersville, Md.

17. Burial	Date thereof Nov. 1, 1947
(Burial, cremation, or removal. Which?)	(month) (day) (year)

Cemetery or crematory	St. Paul's Lutheran
Location	Myersville, Md.

18. Funeral director	Paul F. Bittle
Address	Myersville, Md.

19. No. 1	19.47
(Date rec'd by registrar)	Edgar Bittle
	Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Myersville

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 30 1947 al 2³⁰A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1947, to Oct 30 1947 and that I last saw him alive on Oct 21 1947

Immediate cause of death

Cerebral Hemorrhage

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Dr. Edgar Bittle Date signed 10-31-47

RECEIVED

NOV 4 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct page
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09080

136t

CERTIFICATE OF DEATH

181

Reg. Dist. No.....

1. PLACE OF DEATH:

County.....

Frederick

City or town.....

Frederick City

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

3 Weeks

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?.....

3 Weeks

3. (a) FULL NAME

William C Schaeffer

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

W

Married

6. (b) Name of husband or wife

Sadie Harper

7. Birth date of deceased (mo., day, yr.)

Oct 6 - 1878

65 years

8. AGE:

Years

Months

Days

If less than one day

68

11

26

hrs.

min.

9. Birthplace

Frederick County

(Town, county, and state)

10. Usual occupation

Labor

11. Industry or business

MOTHER FATHER

James W. Schaeffer

Frederick County

Jeanette Celeste

Frederick County

16. Informant

Mrs. Helen Stull

Address

Frederick P. H.

17. Burial

(Burial, entombment, or removal, when?)

Date thereof Oct 6 1947

(month) (day) (year)

Cemetery or crematory

Hickey

Location

Fredericktown

18. Funeral director

G. C. Barton

Address

Walkersville

19. (a) Date

1947

(Date rec'd by registrar)

Elizabeth G. Hack

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

Frederick

City.....

Harrisonville (Rural)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

244-10-2157

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 2 1947 at 6 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Sept 20 1947 to Oct 2 1947

and that I last saw him alive on Oct 1 1947

Immediate cause of death

Uremia

DURATION

1 wk

Due to: Blockage of Urethra & Extirpation of Urethra

2 wks.

Due to: Abscess of Urethra

2 wks. +

Other conditions: Anterior-scleroses

(Include pregnancy within 3 months of death)

Major findings of operations: Gangrene of subcutaneous tissue of penis - scrotum - perineum Date of op. Det. 20

Autopsy results: O

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank D. Borrelli Jr.

M. D. or other

Address

Date signed Oct 2-4

RECEIVED

OCT 7 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Underline correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

09081

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

46 years

How long in above place of death?

Frederick Memorial Hospital

Since October 24, 1947

3. (a) FULL NAME

CARRIE MYRTLE SMITH

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

M

6. (b) Name of husband or wife

C. Frank Smith

7. Birth date of deceased (mo., day, yr.)

April 11, 1889

6. (c) If alive, give age 66 years

8. AGE:

Years

Months

Days

If less than one day

58

6

14

hrs.

min.

9. Birthplace: Biglerville, Pennsylvania

(Town, county, and state)

10. Usual occupation: At Home

11. Industry or business

12. Name: William Cronise

13. Birthplace: Pennsylvania

14. Maiden name: Alice Bramb

15. Birthplace: Pennsylvania

16. Informant: C. Frank Smith

Address: 530 Trail Ave., Frederick, Md.

17. Burial

Date thereof: 10/27/47

(Burial, cremation, or removal, where?)

(month) (day) (year)

Cemetery or crematory: Mount Olivet Cemetery

Location: Frederick, Maryland

18. Funeral director: M. R. Etchison and Son

Address: Frederick, Maryland

19. (Date rec'd by registrar) 27 Oct 1947

(Date rec'd by registrar)

Elizabeth G. Teek
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

State

County: Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

530 Trail Avenue

Street No.

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH:

October 25th 1947 at 6:20A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1 1946 to Oct. 25 1947

and that I last saw her alive on Oct. 25 1947

Immediate cause of death

Coronary Thrombosis

DURATION

18 hours.

Due to

Due to

Other conditions: Diabetes

5 years

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE:

Bernard Thomas Jr.

M. D.

M. D. or other

Address: Frederick, Maryland Date signed 10-25-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

09082

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:

County

City or town

Frederick

Frederick - Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

8 years

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

3. (a) FULL NAME

Charles W. Smith

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Edith Morris

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

1871

8. AGE: Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Carpenter retired

11. Industry or business

FATHER

John W. Smith

12. Name

Maryland

13. Birthplace

Savannah

Georgia

14. Maiden name

Edith E. Taylor

15. Birthplace

Maryland

Baltimore Md.

16. Informant

Edward H. Smith

Address

Baltimore Md.

17. Burial

Forest Valley

(Burial, cremation, or removal, which?)

Date thereof Oct. 19 1947

(month) (day) (year)

Cemetery or crematory

Forest Valley

Location

Md.

18. Funeral director

B. H. Felt & Son

Address

Baltimore Md.

19. 17 - Oct

1947

(Date rec'd by registrar)

Elizabeth S. Hale

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct. 17 1947 at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1 1946 to Oct. 17 1947

and that I last saw him alive on Oct. 16 1947

Immediate cause of death

Arterio-sclerotic, Cardio -
No other disease

DURATION

2 years.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work

23. SIGNATURE

Bernard Heuer, M.D.

M. D. or other

Address Frederick, Md.

Date signed 10/17/47

RECEIVED

OCT 18 1947

STREATHAM

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09083
1316

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Emergency Hospital

How long in hospital or institution? Since October 3, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 108 East Fourth Street

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

IDA MAY SMITH

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>W</u>
-----------------	---------------------------	---

6. (b) Name of husband or wife William W. Smith7. Birth date of deceased (mo., day, yr.) December 29, 18698. AGE: Years 77 Months 9 Days 10 If less than one day hrs. min.9. Birthplace Frederick County Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

MOTHER FATHER Louis Smith
Frederick County Maryland13. Birthplace Rachel Keller
Frederick County Maryland15. Birthplace Emergency Hospital Records
Frederick, Maryland - Rural16. Informant Burial
Address Mount Olivet Cemetery17. (Burial, cremation, or removal, which) Cemetery or crematory Date thereof 10/11/47
(month) (day) (year)Location Frederick, Maryland18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland19. (Date rec'd by registrar) 10-Oct 1947 Elizabeth S. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 9th 1947 at 11:30A21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct - 4 1947 to Oct 9 1947 and that I last saw her alive on Oct 9 1947Immediate cause of death Chronic Nephritis
Anuria

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Hume M. D.

M. D. or other

Address Frederick, Maryland Date signed 10-9-47



I

9-45-15

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09084

CERTIFICATE OF DEATH

Reg. Dist. No.

139

1. PLACE OF DEATH: **Frederick**
 County.....
 City or town..... **State Sanatorium, Md.**
(If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... **Since 2/3/47**
 Hospital, Institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 How long in hospital or institution?..... **Since 2/3/47**

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
 State..... **Maryland** County..... **Frederick**
 City or town..... **Thurmont**
(If outside city or town limits, write RURAL and give nearest town)
 Street No.....
(If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
Elmer Clayton Speak

3. (b) Social Security Number
219-01-6820

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) **August 4, 1880**

8. AGE: Years **67** Months **2** Days **24** If less than one day
 hrs. min.

9. Birthplace..... **Creagerstown, Md.**
(Town, county, and state)

10. Usual occupation..... **Laborer**

11. Industry or business

MOTHER FATHER
 12. Name..... **Charles Edward Speak**
 13. Birthplace..... **Frederick County, Md.**
 14. Maiden name..... **Margaret Jane Anders**
 15. Birthplace..... **Frederick County, Md.**

16. Informant..... **Mrs. Charles Stitley (Sister)**

Address..... **Thurmont, Maryland**

17. Burial..... **Burial** Date thereof..... **Oct. 30 1947**
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... **United Brethren Cem.**

Location..... **Thurmont, Md.**

18. Funeral director..... **M. L. Creager & Son**

Address..... **Thurmont, Maryland**

19. **10/28** 19 47 **10/28/47** **10/28/47**
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION
 20. DATE OF DEATH..... **October 28** 1947 at **8:45 A.M.**

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from **February 3** 1947 to **Oct. 28** 1947
 and that I last saw him alive on **October 28** 1947

Immediate cause of death..... **Pulmonary Tuberculosis**

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....
 Autopsy results..... **Performed 10/28/47 -Pulm. Tbc.**
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Mseas of injury..... Injured at work?

23. SIGNATURE..... **R. W. Bacchus** M. D. MD
 Address..... **State Sanatorium, Md.** Date signed..... **10/28/47**

RECEIVED

OCT 30 1947

STANLEY CO.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61
09085

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 dayHospital, Institution, or street address where death occurred:
Frederick Memorial Hospital

How long in hospital or institution?

3. (a) FULL NAME

Eilda Evelyn Stumbaugh

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FemaleWhiteSingle

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years

Nov 3 - 1916

8. AGE:

Years

Months

Days

If less than one day

301122

hrs.

min.

9. Birthplace

Thurmont, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Clay, Milton Stumbaugh

MOTHER FATHER

12. Name

Clay, Milton Stumbaugh

13. Birthplace

Baltimore, Md.

14. Maiden name

Olive Gaugh

15. Birthplace

Thurmont, Md.

16. Informant

Mrs. C. Milton Stumbaugh

Address

Thurmont, Md.

17. Burial

Burial

(Burial, cremation, or other, which)

Date thereof Oct 28, 1947
(month) (day) (year)

Cemetery or crematory

United Methodist

Location

Thurmont, Md.

18. Funeral director

M. L. O'Carroll & Son

Address

Thurmont, Md.

19. Oct

1947
(Date rec'd by registrar)Elizabeth G. Tech

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick

City or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

2D. DATE OF DEATH

October 25 1947 at 11:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 24 1947 to October 25 1947and that I last saw her alive on October 25 1947

Immediate cause of death

Chronic nephrosis

DURATION

Due to

Diabetes Mellitus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. O'Carroll, M.D.

M. D. or other

Address Frederick, Maryland Date signed 10/25/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Incomplete or illegible entries will be disregarded.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09086

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

Frederick
Frederick

City or town. (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? 3 days

3. (a) FULL NAME

NORA ANNA SNYDER STRUBE

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Married

6. (b) Name of husband or wife Arthur Strube

7. Birth date of deceased (mo., day, yr.) September 15, 1876

8. AGE: Years Months Days If less than one day
71 0 27 hrs. min.9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Samuel Snyder

13. Birthplace Frederick County Maryland

14. Maiden name Jane Cutsail

15. Birthplace Frederick County Maryland

16. Informant Arthur Strube

Address 712 N. Mkt. St.-Frederick, Maryland

17. Burial Date thereof Oct. 14-1947
(Burial, cremation or removal, when?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director C.E. Cline and Son

Address Frederick, Maryland

19. 13 Oct 1947
(Date rec'd by registrar)Elizabeth S. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick

City or town Frederick (If outside city or town limits, write RURAL and give nearest town)

Street No. 712 North Market Street
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH October 12th, 1947, at 3 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1 1947 to Oct. 12 1947
and that I last saw her alive on Oct. 12 1947

Immediate cause of death

Arterio coronary thrombosis.

Due to

Arterio. pericarditis.

Other conditions Gangrene of foot R. 6 hrs.

(Include pregnancy within 8 months of death)

Major findings or operations Gangrene of foot
Amputation of R. leg. Date of op. Sept. 10, '47

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE.

A. A. Ossen, M.D.
Frederick, Md. Date signed 10/13/47

M. D. or other





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

09087

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

Frederick
County

Frederick-Rural R. F. D. #5

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....
50 yearsHospital, Institution, or street address where death occurred:
Shookstown

How long in hospital or institution?.....

3. (a) FULL NAME

EMMA GERTRUDE STUP

4. Sex F | 5. Color or race W | 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband Louis E. Stup

7. Birth date of deceased (mo., day, yr.) June 6, 1874

6. (c) If alive, give age..... years

8. AGE: Years 73 | Months 4 | Days 9 | If less than one day hrs. min.

9. Birthplace... Frederick County Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

William D. Stone

12. Name William D. Stone

13. Birthplace Frederick County Maryland

14. Maiden name Ellen Crebbs

15. Birthplace Frederick County Maryland

16. Informant Harry E. Stup

Address R. F. D. #5, Frederick, Maryland

17. Burial Date thereof 10/17/47

(Burial, cremation, or removal; Month (month) (day) (year))

Cemetery or crematory Rocky Springs Cemetery

Location Near Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 15 Oct 1947
(Date rec'd by registrar)Elizabeth H. Tech.
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick-Rural R. F. D. #5

(If outside city or town limits, write RURAL and give nearest town)

Street No. Shookstown

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH October 15th 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 10th 1947 to October 15th 1947

and that I last saw her alive on Oct 15th 1947

Immediate cause of death

Coronary Thrombosis
acute attack

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank H. Heyn. M. D.

M. D. or other

Address Frederick, Maryland Date signed 10-15-47

RECEIVED

OCT 17 1947

BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09088
136

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**
 County: **State Sanatorium, Maryland**
 City or town: **(If outside city or town limits, write RURAL and give nearest town)**
Since 4/3/1944
 How long in above place of death? **Since 4/3/1944**
 Hospital, Institution, or street address where death occurred: **Maryland Tuberculosis Sanatorium**
 How long in hospital or institution? **Since 4/3/1944**

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State: **Maryland** County: **Allegany**
 City or town: **(If outside city or town limits, write RURAL and give nearest town)**
 Street No.: **McCoole**
 (If rural, give LOCATION)
 2.(a) If veteran, name war: **✓**

3. (a) FULL NAME: **Edward Wm. Taylor**
 4. Sex: **Male** 5. Color or race: **White** 6.(a) Single, married, widowed, or divorced: **Married**
 6.(b) Name of ~~wife~~ wife: **Rebecca Taylor**
 7. Birth date of deceased (mo., day, yr.): **April 27, 1906** 6.(c) If alive, give age: **years**
 8. AGE: **41** Years **6** Months **2** Days If less than one day: **hrs.** **min.**
 9. Birthplace: **Dawson, Maryland** (Town, county, and state)
 10. Usual occupation: **R.R. Yard Brakeman**
 11. Industry or business:
 12. Name: **Jerry Taylor**
 MOTHER FATHER
 13. Birthplace: **Adams County, Pa.**
 14. Maiden name: **Carrie Huff**
 15. Birthplace: **Maryland**
 16. Informant: **Deceased**
 Address:
 17. Burial: **Burial** Date thereof: **Nov. 2, 1947** (Burial, cremation, or removal, Which?) (month) (day) (year)
 Cemetery or crematory: **Dawson Cemetery**
 Location: **Dawson, Md.**
 18. Funeral director: **N.L. Rogers Funeral Director**
 Address: **Kreger, W.Va**
 19. Oct. 30 1947
 (Date rec'd by registrar)

3. (b) Social Security Number: **705-10-8560**

MEDICAL CERTIFICATION

20. DATE OF DEATH: **October 29** 19. **47** a. **3:45 P.M.**
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 3 19. **44** to **Oct. 29** 19. **47**
 and that I last saw him alive on **October 29** 19. **47**

Immediate cause of death: **Pulmonary Tuberculosis** DURATION: **54 Mos.**

Due to:
 Due to:
 Other conditions:
 (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:
 Accident, suicide, or homicide: Date of:
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury: Injured at work?
 23. SIGNATURE: **R. L. Baens** M. D. **MD**
 Address: **State Sanatorium, Md.** Date signed: **10/30/47**

RECEIVED

NOV 4 1947

BUREAU 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09089
1702

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County... Frederick

City or town... Thurmont

(If outside city or town limits, write RURAL and give nearest town)

7 Years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Frank Toms.

4. Sex

5. Color or race

8.(a) Single, married, widowed, or divorced

Male

White

Single

6.(b) Name of husband or wife

8.(c) If alive, give age..... years

7. Birth date of deceased (mo. day, yr.)

July 23, 1922

8. AGE:

Year

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Mt. Zion, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

Potomac Edison Co.

MOTHER

FATHER

12. Name

Raymond H. Toms.

13. Birthplace

Wolfsville, Md.

14. Maiden name

15. Birthplace

Lucy B. Cline.

Foxville, Md.

16. Informant

Address

Mrs. Raymond H. Toms

Thurmont, Md. R.D.I

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Oct. 24, 1947

(month) (day) (year)

Cemetery or crematory

Mt. Bethel.

Location

Address

Near Garfield, Md.

M. L. Creager & Son

18. Funeral director

Address

Thurmont, Md.

19. Oct. 23..... 1947.....

(Date rec'd by registrar)

Blanche S. Taylor

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland

County...

Frederick

City or town... Thurmont

(If outside city or town limits, write RURAL and give nearest town)

Street No....

R.F.D. #1

2.(a) If veteran, name war

Second World War

3. (b) Social Security Number

214-14-6715

MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct. 22

1947 at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h.e.t. alive on

Immediate cause of death

Crushing of skull
laceration of brain

Due to

Due to

Other condition

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 10-22-47Where did injury occur? Near Thurmont Frederick Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Route 15 U.S.Means of Injury Tractor truck Injured at work? No23. SIGNATURE P. W. Barr Ex. Wright Med.

M. D. or other

Address Frederick, Md. Date signed 10-22-47

RECEIVED

OCT 24 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09690

83a

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Walkersville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? LifeHospital, institution, or street address where death occurred —How long in hospital or institution? —

3. (a) FULL NAME

Murray S. Wachter4. Sex m 5. Color or race w 6. (a) Single, married, widowed, or divorced single6. (b) Name of husband or wife —7. Birth date of deceased (mo., day, yr.) Feb. 21, 18838. AGE: Years 64 Months 8 Days 5 It less than one day hrs. — min. —9. Birthplace Walkersville, Fred. co., Md.
(Town, county, and state)10. Usual occupation Salesman11. Industry or business Lycopersic. m. WachterFATHER 12. Name Lycurgus m. Wachter13. Birthplace Frederick co.MOTHER 14. Maiden name Martha Ellen Langmore15. Birthplace Frederick co.16. Informant Mrs. Lillian MummaAddress Pittsburg Pa.17. Burial Burial Date thereof Oct. 29 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. OlivetLocation Frederick, Md.18. Funeral director G. C. BartonAddress Walkersville, Md.19. 27-Oct 1947
(Date rec'd by registrar) Elizabeth G. Heck.
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County FrederickCity or town Walkersville

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (b) Social Security Number

212-14-6989

MEDICAL CERTIFICATION

20. DATE OF DEATH Oct 26 1947 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct 1945 19 to Oct 26 1947and that I last saw h. alive on Oct 25 1947 19 to Oct 26 1947Immediate cause of death AfogleyDue to —Due to —Other conditions —

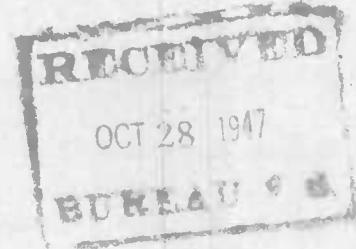
(Include pregnancy within 3 months of death)

Major findings of operations —Date of op. —Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —Where did injury occur? — (City or town) — (County) — (State) —Injured at home, farm, industry, public place (where?) —Means of injury — Injured at work? —23. SIGNATURE Elois TracyM. D. or other —Address Walkersville, Md. Date signed Oct 26, 47



I

9-45-151

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09091

CERTIFICATE OF DEATH

131

Reg. Dist. No.

83a

1. PLACE OF DEATH:
County... Frederick
Town or town... Buckeystown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... 50 years
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland County... Frederick
City or town... Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
None
2.(a) If veteran, name war.....

3. (a) FULL NAME
CHARLES HENRY WHIMBS

3. (b) Social Security Number
None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C	M

6. (b) Name of husband or wife..... Dora Bowie

7. Birth date of deceased (mo., day, yr.) January 9, 1855
6. (c) If alive, give age 74 years

8. AGE: Years 92 Months 8 Days 27 If less than one day
..... hrs. min.

9. Birthplace..... Montgomery County Maryland
(Town, county, and state)

10. Usual occupation..... Farm Laborer

11. Industry or business..... Unknown
12. Name..... Unknown

13. Birthplace..... Unknown
14. Maiden name..... Unknown

15. Birthplace..... Unknown
16. Informant..... Mrs. C. H. Whimbs

Address..... Buckeystown, Maryland

17. Burial..... 10/8/47
(Burial, cremation, or removal, when)
Date thereof..... (month) (day) (year)
Cemetery or crematory..... St. Josephs Cemetery

Location..... Near Buckeystown, Maryland

18. Funeral director..... M. R. Etchison and Son

Address..... Frederick, Maryland

19. Date rec'd by registrar..... 6 Oct 1947
(Date rec'd by registrar)

Elizabeth G. Heek
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 6 October 1947, at 12:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
3 October 1947 to 6 October 1947
and that I last saw him alive on 5 October 1947.

Immediate cause of death..... Cerebral Hemorrhage
DURATION 2 days

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

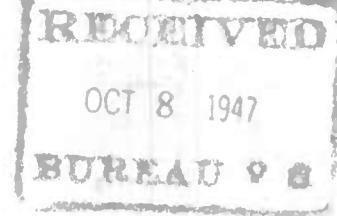
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Charles K. Conley, M.D.
or other

Address..... Frederick, Maryland Date signed 6 Oct 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1316

09092

131

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick

City or town Braddock Heights

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

Braddock Heights, Md.

How long in hospital or institution?

3. (a) FULL NAME

BRADLEY E. WILES

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Widowed

6.(b) Name of husband or wife

Virgie Measell Wiles

7. Birth date of deceased (mo. day, yr.)

October 8, 1873

8. (c) If alive, give age years

8. AGE:

Years 73

Months 11

Days 24

If less than one day

hrs. min.

9. Birthplace

Lewistown, Frederick County, Md.

(Town, county, and state)

10. Usual occupation

Attendant Supervisor-Kemp Hall Bldg

11. Industry or business

MOTHER FATHER

12. Name Americas G. P. Wiles

13. Birthplace Lewistown, Maryland

14. Maiden name Sarah Hummer

15. Birthplace Lewistown, Maryland

16. Informant Dr. A. G. D. Wiles

Address Charleston, S. C.

17. Burial Date thereof October 4, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Utica Cemetery

Location Nr. Lewistown, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. Date rec'd by registrar 3 Oct 1947

Elizabeth L. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Braddock Heights

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

October 2nd

19 47 21 7:00 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Sept 30 1947 to Oct 2 1947

and that I last saw deceased alive on Oct 2 1947

1947

Immediate cause of death

Unseen

DURATION

6 days

Due to

Paroxysmal

days

Due to

Reproductive

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. O. Hansen

M. D. or other

Address Frederick, Md. Date signed 10/3/47

RECORDED

OCT 7 1947

BUREAU OF INVESTIGATION

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09093

CERTIFICATE OF DEATH

BC
Reg. Dist. No. 139

1. PLACE OF DEATH: **Frederick**
 County _____
 City or town **State Sanatorium, Maryland**
(If outside city or town limits, write RURAL and give nearest town)
 Since **9/25/47**
 How long in above place of death? _____
 Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
 Since **9/25/47**
 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
 State **Maryland** County _____
 City or town **Baltimore**
(If outside city or town limits, write RURAL and give nearest town)
 Street No. **910 N. Augusta Ave.**
(If rural, give LOCATION)

3. (a) FULL NAME
Christine Zorbis

4. Sex Female	5. Color or race White	6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband Angelo Zorbis		
7. Birth date of deceased (mo., day, yr.) December 25, 1922		
6. (c) If alive, give age 23 years		
8. AGE: Years 24	Months 10	Days 5
If less than one day hrs. _____ min. _____		
9. Birthplace Baltimore, Md. (Town, county, and state)		
10. Usual occupation Housewife		

MOTHER FATHER	12. Name Harry Karavedas
	13. Birthplace Greece
MOTHER	14. Maiden name Ethel ?
	15. Birthplace Greece

16. Informant _____
 Address _____

17. Burial **Baltimore Md. - Greenwood Cemetery or crematory**
(Burial, cremation, or removal. Which?)
 Date thereof **November 3 1947**
(month) (day) (year)

Location **Greek Evangelamouji Funeral Home**
Thurmont, Maryland Baltimore

18. Funeral director **M. L. Creager & Son**
 Address **Thurmont, Maryland Baltimore**

19. **11/1 47** **J. K. Ryan**
(Date rec'd by registrar)

3. (b) Social Security Number _____

MEDICAL CERTIFICATION

20. DATE OF DEATH **October 30** **1947** **1:30P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **September 25** **1947** to **Oct. 30** **1947** and that I last saw her alive on **October 30** **1947**

Immediate cause of death **Pulmonary Tuberculosis**

DURATION **7 MOS.**

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE **R. L. Baker** M. D. **MD**
 Address **State Sanatorium, Md.** Date signed **4/1/47**

